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PTO/SB/83 (04-08)

Document Description: Petition to withdraw attorney or agent (SB83)

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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/727,533-Conf. #7332
	Filing Date	December 5, 2003
	First Named Inventor	John Bruce SMITH
	Art Unit	N/A
	Examiner Name	Not Yet Assigned
	Attorney Docket Number	3411-0103P

**To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified patent application, and

- ☒ all the practitioners of record;
☐ the practitioners (with registration numbers) of record listed on the attached paper(s); or
☐ the practitioners of record associated with Customer Number: _____

NOTE: The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number.

The reason(s) for this request are those described in 37 CFR:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> 10.40(b)(1) | <input type="checkbox"/> 10.40(b)(2) | <input type="checkbox"/> 10.40(b)(3) | <input type="checkbox"/> 10.40(b)(4) |
| <input type="checkbox"/> 10.40(c)(1)(i) | <input type="checkbox"/> 10.40(c)(1)(ii) | <input type="checkbox"/> 10.40(c)(1)(iii) | <input checked="" type="checkbox"/> 10.40(c)(1)(iv) |
| <input type="checkbox"/> 10.40(c)(1)(v) | <input type="checkbox"/> 10.40(c)(1)(vi) | <input type="checkbox"/> 10.40(c)(2) | <input type="checkbox"/> 10.40(c)(3) |
| <input type="checkbox"/> 10.40(c)(4) | <input type="checkbox"/> 10.40(c)(5) | <input type="checkbox"/> 10.40(c)(6) Please explain below: | |

Certifications

Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.

- ☒ I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.
- ☒ I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.
- ☒ I/We have notified the client of any responses that may be due and the time frame within which the client must respond.

Please provide an explanation, if necessary:

Unable to locate client and/or client not responding to communications.

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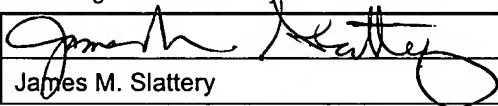
REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

Complete the following section only when the correspondence address will change. Changes of address will only be accepted to an inventor or an assignee that has properly made itself of record pursuant to 37 CFR 3.71.

Change the correspondence address and direct all future correspondence to:

A. ☐ The address of the inventor or assignee associated with Customer Number: _____

OR

B.	<input checked="" type="checkbox"/> Inventor or Assignee Name	John Bruce SMITH		
Address 6712 Jefferson Avenue				
City	Falls Church	State	VA	Zip 22042
		Country	United States	
Telephone		Email		
I am authorized to sign on behalf of myself and all withdrawing practitioners.				
Signature				
Name	James M. Slattery	Registration No.	28,380	
Address Birch, Stewart, Kolasch & Birch, LLP 8110 Gatehouse Road Suite 100 East				
City	Falls Church	State	VA	Zip 22040-0747
		Country	US	
Telephone		(703) 205-8000		
		Email		
Date	OCT 14 2008		Telephone No.	(703) 205-8015
NOTE: Withdrawal is effective when approved rather than when received.				